

COUNTY OF

UNITED STATES DISTRICT COURT

DISTRICT: SOUTHERN DISTRICT OF NEW YORK

ATTORNEY(S): GABOR & GABOR PH: 516-248-2525

ADDRESS: 400 GARDEN CITY PLAZA GARDEN CITY NY 11530 File No.:

TERIANNE FREEMAN

vs

Plaintiff(s)/Petitioner(s)

HIP HEALTH PLAN OF NEW YORK

Defendant(s)/Respondent(s)

STATE OF NEW YORK, COUNTY OF NASSAU, SS.:

AFFIDAVIT OF SERVICE

HARRY TORRES, being duly sworn deposes and says: Deponent is not a party herein, is over 18 years of age and resides in New York State. On Monday, February 25, 2008 at 10:39 AM, at 55 WATER STREET-LOBBY, New York, NY 10041, deponent served the within Summons in a Civil Action and Complaint and Jury Demand on: HIP HEALTH PLAN OF NEW YORK, Defendant therein named.

#1 INDIVIDUAL By delivering a true copy of each to said recipient personally; deponent knew the person served to be the person described as said person therein.

#2 CORP. By delivering thereat a true copy of each to LORRAINE FRANKS personally, deponent knew said Domestic Corporation so served to be the Domestic Corporation described in same as said recipient and knew said individual to be the managing/authorized agent of the Domestic Corporation, and said person stated that he/she was authorized to accept service on behalf of the Domestic Corporation.

#3 SUITABLE AGE PERSON/ PARTNERSHIP By delivering a true copy of each to Said premises is recipient's: [] actual place of business [] dwelling house (usual place of abode) within the state.

#4 AFFIXING TO DOOR By affixing a true copy of each to the door of said premises, which is recipient's: [] actual place of business [] dwelling house (place of abode) within the state.

Deponent was unable, with due diligence to find recipient or a person of suitable age and discretion, having called thereat

on _____ at _____
 on _____ at _____
 on _____ at _____
 on _____ at _____

Address confirmed by _____.

#5 MAIL COPY On _____, deponent completed service by depositing a true copy of each document to the above address in a 1st Class postpaid properly addressed envelope not indicating that mailing was from an attorney or concerned legal action and marked "Personal and Confidential" in an official depository under the exclusive care and custody of the United States Post Office in the State of New York.

#6 DESC. A description of the Defendant, or other person served, or spoken to on behalf of the Defendant is as follows:
 Sex: Female Color of skin: White Color of hair: Red Age: 36-50 Yrs Height: 5' 0" - 5' 3"
 (use with #1, 2 or 3) Weight: 100 - 130 Lbs Other Features: _____

#7 WIT. FEES the authorized witness fee and / or traveling expenses were paid (tendered) to the recipient.

#8 MIL. SRVC Your deponent asked the person spoken to whether defendant was in the active military service of the United States or N. Y. State; and received a negative reply. Upon information and belief I have; being based on the conversations & observations above narrated, defendant is not in the military service.

#9 OTHER _____

Sworn to before me on March 3, 2008

VANESSA JOHNSON
 NOTARY PUBLIC, State of New York
 No. 01J06166083, Qualified in Kings County
 Term Expires May 14, 2011

HARRY TORRES
 Server's Lic # 0915257
 Invoice•Work Order # 0152366